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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

# FEE TRANSMITTAL

## For FY 2006

 Applicant claims small entity status. See 37 C.F.R. 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 50.00)**Complete if Known**

Application Number	10/535,452
Filing Date	May 19, 2005
First Named Inventor	MIKO OGAWA, ET AL.
Examiner Name	D. N. Deo
Art Unit	1765
Attorney Docket No.	03500.017774

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Other (please identify): Electronically
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number	06-1205	Deposit Account Name	Fitzpatrick, Cella, Harper & Scinto

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/>	Charge fee(s) indicated below	<input type="checkbox"/>	Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/>	Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17	<input type="checkbox"/>	Credit any overpayments

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**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
22 - 21 or HP = 1	x 50.00	= 50.00			Fee (\$)	Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4 - 4 or HP = 0	x 200.00	= 0.00	

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	
Other:	

**SUBMITTED BY**

Signature	/Scott D. Malpede/	Registration No. 32,533 (Attorney/Agent)	Telephone 202-530-1010
Name (Print/Type)	Scott D. Malpede		

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Counsel for Patent Examination, USPTO, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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